Form W-4 (2011)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919,

How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

	Personal Allowances	Works	heet (Keep for your records.)				
A	Enter "1" for yourself if no one else can claim you as a de	pendent			A		
	 You are single and have only one job; c 	or)			
в	Enter "1" if: You are married, have only one job, and	d your sp	oouse does not work; or	}.	B		
	 Your wages from a second job or your sp 	oouse's v	vages (or the total of both) are \$1,50	0 or less. J			
С	Enter "1" for your spouse. But, you may choose to enter "	"-0-" if yo	ou are married and have either a we	orking spouse	or more		
	than one job. (Entering "-0-" may help you avoid having to	o little ta	ax withheld.)		· · C		
D	Enter number of dependents (other than your spouse or y	ourself)	you will claim on your tax return .		D		
Е	Enter "1" if you will file as head of household on your tax	return (s	ee conditions under Head of hous	ehold above)	E		
F	Enter "1" if you have at least \$1,900 of child or dependen	nt care e	xpenses for which you plan to clai	m a credit .	F		
	(Note. Do not include child support payments. See Pub. 5	503, Child	d and Dependent Care Expenses, f	or details.)			
G	Child Tax Credit (including additional child tax credit). Se	e Pub. 9	72, Child Tax Credit, for more inform	mation.			
	• If your total income will be less than \$61,000 (\$90,000 if married)	, enter "2'	' for each eligible child; then less "1" if y	ou have three or	more eligible children.		
	• If your total income will be between \$61,000 and \$84,00	0 (\$90,00	00 and \$119,000 if married), enter "	1" for each elig	gible		
	child plus "1" additional if you have six or more eligible	children			· · G		
н	Add lines A through G and enter total here. (Note. This may be a	different f	rom the number of exemptions you cla	im on your tax r	eturn.) ► H		
	For accuracy, (• If you plan to itemize or claim adjust	tments t					
	complete all and Adjustments Worksheet on page • If you have more than one job or are marri		and your spouse both work and the	combined earning	rs from all jobs oxeood		
	\$40,000 (\$10,000 if married) see the Two-E						
	• If neither of the above situations app						
	Cut here and give Form W.4 to ve		oyer. Keep the top part for your rec	orde			
_	W_ Employee's Withho	olding	g Allowance Certificat	e	OMB No. 1545-0074		
Form	tment of the Treasury Whether you are entitled to claim a cert	ain numb	er of allowances or exemption from with	holding is	201		
	al Revenue Service subject to review by the IRS. Your employ	yer may b	e required to send a copy of this form to	o the IRS.			
1	Type or print your first name and middle initial. Last name			2 Your social	security number		
	Home address (number and street or rural route)		3 Single Married Marri	ed, but withhold a	at higher Single rate.		
			Note. If married, but legally separated, or spou	ise is a nonresident a	alien, check the "Single" box.		
	City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card,				
			check here. You must call 1-800-7	72-1213 for a re	placement card. 🕨 🗌		
5	Total number of allowances you are claiming (from line I	above	or from the applicable worksheet o	n page 2)	5		
6	Additional amount, if any, you want withheld from each paycheck						
7	7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption.						
	• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and						
	ility.						
	If you meet both conditions, write "Exempt" here			7			
Unde	r penalties of perjury, I declare that I have examined this certificate and t	to the best	of my knowledge and belief, it is true, cor	rect, and complet	e.		
Emp	loyee's signature						
	form is not valid unless you sign it.) ►			Date ►			
8	Employer's name and address (Employer: Complete lines 8 and 10 d	only if send	ding to the IRS.) 9 Office code (optional)	10 Employer id	lentification number (EIN)		

Form W-4 (2011) Page 2									
			Deduct	ions and A	djustments Works	heet			
Note	Note. Use this worksheet only if you plan to itemize deductions or claim certain credits or adjustments to income.								
1		ntributions, s	tate and local taxes,	medical expe	e include qualifying ho enses in excess of 7.5	% of your inc	ome, and	1 <u>\$</u>	
	(\$	11,600 if marr	ried filing jointly or qu	alifying widov	v(er)				
2			of household or married filing sep	arately	}			2 <u>\$</u>	
3	Subtract line	2 from line 1	. If zero or less, enter	"-0-"				<u>з </u> \$	
4	Enter an estin	nate of your 20	011 adjustments to inc	come and any	additional standard dec	duction (see P	ub. 919) 🧳	4 \$	
5					nt for credits from the	Converting	Credits to		
	Withholding /	Allowances fo	or 2011 Form W-4 Wo	<i>rksheet</i> in Pu	b. 919.)		· · · · !		
6		-	-		vidends or interest) .				
7								7 <u></u>	
8	Divide the ar	nount on line	7 by \$3,700 and ente	er the result he	ere. Drop any fraction				
9					t, line H, page 1			∍	
10					the Two-Earners/Mul				
	also enter thi	s total on line	I below. Otherwise,	stop nere an	d enter this total on Fo	rm vv-4, line :	b, page 1 1)	
			ve/Multiple lehe	Warkabaat	Cas Tura company			1 \	
Nata					: (See Two earners of	or muniple j	obs on page	1.)	
1			the instructions unde	•	ed the Deductions and A	divetmente W	orkehoot)	1	
		,		,		•	,	•	
L	 Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" 								
3									
Note			enter "-0-" on Form sary to avoid a year-		age 1. Complete lines	4 through 9 b	elow to figure t	he addi [.]	tional
4	Enter the nur	nber from line	e 2 of this worksheet			4			
5	Enter the nur	nber from line	e 1 of this worksheet			5			
6	6 Subtract line 5 from line 4								
7	· · · · · · · · · · · · · · · · · · ·								
8									
9									
every two weeks and you complete this form in December 2010. Enter the result here and on Form W-4,									
	line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$								
			ple 1		••••••	-	ble 2		
	Married Filing	Jointly	All Other	'S	Married Filing	Jointly		All Othe	rs
	es from LOWEST job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from H paying job are-		Enter on line 7 above
		1 .	A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A. A.			i .			

paying job are-	line 2 above	paying job are—	line 2 above	paying job are—	line 7 above	paying job are-	line 7 above
\$0 - \$5,000 -	0	\$0 - \$8,000 -	0	\$0 - \$65,000	\$560	\$0 - \$35,000	\$560
5,001 - 12,000 -	1	8,001 - 15,000 -	1	65,001 - 125,000	930	35,001 - 90,000	930
12,001 - 22,000 -	2	15,001 - 25,000 -	2	125,001 - 185,000	1,040	90,001 - 165,000	1,040
22,001 - 25,000 -	3	25,001 - 30,000 -	3	185,001 - 335,000	1,220	165,001 - 370,000	1,220
25,001 - 30,000 -	4	30,001 - 40,000 -	4	335,001 and over	1,300	370,001 and over	1,300
30,001 - 40,000 -	5	40,001 - 50,000 -	5				
40,001 - 48,000 -	6	50,001 - 65,000 -	6				
48,001 - 55,000 -	7	65,001 - 80,000 -	7				
55,001 - 65,000 -	8	80,001 - 95,000 -	8				
65,001 - 72,000 -	9	95,001 -120,000 -	9				
72,001 - 85,000 -	10	120,001 and over	10				
85,001 - 97,000 -	11						
97,001 -110,000 -	12						
110,001 -120,000 -	13						
120,001 -135,000 -	14						
135,001 and over	15						

Privacy Act and Paperwork^I Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

FORM VA-4

COMMONWEALTH OF VIRGINIA DEPARTMENT OF TAXATION PERSONAL EXEMPTION WORKSHEET

(See back for instructions)

2.	 If you wish to claim yourself, write "1" If you are married and your spouse is not claimed on his or her own certificate, write "1" Write the number of dependents you will be allowed to claim on your income tax return (do not include your spouse) 						
4.	Subtotal Personal Exemptions (add lines 1 through 3)						
	Exemptions for age						
	 (a) If you will be 65 or older on January 1, write "1" (b) If you claimed an exemption on line 2 and your spouse will be 65 or older on January 1, write "1" 						
6.	Exemptions for blindness (a) If you are legally blind, write "1" (b) If you claimed an exemption on line 2 and your spouse is legally blind, write "1"						
7.	Subtotal exemptions for age and blindness (add lines 5 through 6)						
8.	Total of Exemptions - add line 4 and line 7						

Detach here and give the certificate to your employer. Keep the top portion for your records

EMPLOYEE'S VIRGINIA INCOME TAX WITHHOLDING EXEMPTION CERTIFICATE FORM VA-4

Your Social Security Number	Name		
Street Address			
City		State	Zip Code

COMPLETE THE APPLICABLE LINES BELOW

1.	If subje	ct to withholding, enter the number of exemptions claimed on:	
	(a)	Subtotal of Personal Exemptions - line 4 of the	
		Personal Exemption Worksheet	
	(b)	Subtotal of Exemptions for Age and Blindness	
		line 7 of the Personal Exemption Worksheet	
		·	
	(C)	Total Exemptions - line 8 of the Personal Exemption Worksheet	
2.	Enter th	ne amount of additional withholding requested (see instructions)	
3.	I certify	that I am not subject to Virginia withholding. I meet the conditions	_
	set fort	h in the instructions (check here)	
		······································	

Rev. 11/07

 Signature
 EMPLOYER: Keep exemption certificates with your records. If you believe the emplo
 Taxation, P.O. Box 1115, Richmond, Virginia 23218-1115, telephone (804) 367-8037. EMPLOYER: Keep exemption certificates with your records. If you believe the employee has claimed too many exemptions, notify the Department of

Date

Form W-11
(Rev. June 2010)
Department of the Treasury Internal Revenue Service

Hiring Incentives to Restore Employment (HIRE) Act Employee Affidavit

Do not send this form to the IRS. Keep this form for your records.

To be completed by new employee. Affidavit is not valid unless employee signs it.

I certify that I have been unemployed or have not worked for anyone for more than 40 hours during the 60-day period ending on the date I began employment with this employer.

Your name		Social security number \blacktriangleright				
First date of employment	/	/	Name of employer			

Under penalties of perjury, I declare that I have examined this affidavit and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature ►

Instructions to the Employer

Section references are to the Internal Revenue Code.

Purpose of Form

Use Form W-11 to confirm that an employee is a qualified employee under the HIRE Act. You can use another similar statement if it contains the information above and the employee signs it under penalties of perjury.

Only employees who meet all the requirements of a qualified employee may complete this affidavit or similar statement. You cannot claim the HIRE Act benefits, including the payroll tax exemption or the new hire retention credit, unless the employee completes and signs this affidavit or similar statement under penalties of perjury and is otherwise a qualified employee.

A "qualified employee" is an employee who:

• begins employment with you after February 3, 2010, and before January 1, 2011;

• certifies by signed affidavit, or similar statement under penalties of perjury, that he or she has not been employed for more than 40 hours during the 60-day period ending on the date the employee begins employment with you;

• is not employed by you to replace another employee unless the other employee separated from employment voluntarily or for cause (including downsizing); and • is not related to you. An employee is related to you if he or she is your child or a descendent of your child, your sibling or stepsibling, your parent or an ancestor of your parent, your stepparent, your niece or nephew, your aunt or uncle, or your in-law. An employee also is related to you if he or she is related to anyone who owns more than 50% of your outstanding stock or capital and profits interest or is your dependent or a dependent of anyone who owns more than 50% of your outstanding stock or capital and profits interest.

If you are an estate or trust, see section 51(i)(1) and section 152(d)(2) for more details.



Do not send this form to the IRS. Keep it with your other payroll and income tax records.

Paperwork Reduction Act Notice. The Paperwork Reduction Act of 1980 requires that when we ask you for information we must first tell you our legal right to ask for the information, why we are asking for it, and how it will be used. We must also tell you what could happen if we do not receive it and whether your response is voluntary, required to obtain a benefit, or mandatory under the law. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as stated in Code section 6103.

Date ► / /

Our legal right to ask for information is Internal Revenue Code section 6001 and the purpose of the form is stated in the instructions. This collection of the information is required to obtain certain tax benefits.

If you do not retain this record or give fraudulent information, we may have to disallow certain exemptions and credits, and you also may be charged penalties and be subject to criminal prosecution. This could make the tax higher or delay any refund. Interest may also be charged.

The time needed to complete this form will vary depending on individual circumstances. The estimated average time is:

Recordkeeping		1 hr., 25 min.
Preparing the form		25 min.
Learning about the		
law or the form		24 min

If you have comments regarding the accuracy of this time estimate or you have suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address.

Please keep this notice with your records. It may help you if we ask you for other information. If you have any questions about the rules for filing and giving information, please call or visit any Internal Revenue Service office.